STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 39C0001296			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 02/27/2023		
NAME OF PROVIDER OR SUPPLIER: CHILDREN'S DENTAL SURGERY OF MALVERN STATE LICENSE NUMBER: 23391501			STREET ADDRESS, CITY, STATE, ZIP CODE: 596 LANCASTER AVENUE, SUITE 300 MALVERN, PA 19355				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE
S 0000	This report is the result survey conducted on Fa State Licensure survey 2022, at Children's Dewas determined that the with the requirements Department of Health's Ambulatory Care Facilly, Subparts A and F, November 1999.	ollowing cober 5, vern. It appliance cons for	S 0000				

TITLE:

(X6) DATE:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



Certified End Page

CHILDREN'S DENTAL SURGERY OF MALVERN

STATE LICENSE NUMBER: 23391501 SURVEY EXIT DATE: 02/27/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY